

FORM 6 (ND/SD Miss. DEC. 2016)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI

State of Mississippi, et al.

Plaintiff

v.

CIVIL ACTION No. 1:22-cv-00113-HSO-RPM

Becerra, et al.

Defendant

APPLICATION FOR ADMISSION PRO HAC VICE

(A) Name: Adria Bonillas

Firm Name: Lawyers' Committee for Civil Rights Under Law

Office Address: 1500 K Street NW Suite 900

City: Washington State DC Zip 20005

Telephone: 202-662-8600 Fax: 202-783-0857

E-Mail: abonillas@lawyerscommittee.org

(B) Client(s): Mississippi State Conference of the NAACP

Address: 1072 W. Lynch Street, Suite 10

City: Jackson State MS Zip 39203

Telephone: (601) 353 - 6906 Fax: (601) 353-1565

The following information is optional:

Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?

N/A

Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?

N/A

(C) I am admitted to practice in the:

☐

State of _____

☒

District of Columbia

and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

District of Columbia Bar, 901 4th Street NW, Washington DC 20001; 202-737-4700;
<https://www.dcbar.org/>

All other courts before which I have been admitted to practice:

Jurisdiction

Period of Admission

Supreme Court of New York First Appellate Division
 District of Columbia
 Southern District of New York
 Eastern District of New York

03/19/2018
 05/03/2024
 05/22/2018
 05/25/2018

(D) Have you been denied admission pro hac vice in this state?

Yes

☐

No

☒

Have you had admission pro hac vice revoked in this state?

☐☒

Has Applicant been formally disciplined or sanctioned by any court
 in this state in the last five years?

☐☒

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

(E) Has any formal, written disciplinary proceeding ever been brought against you by a disciplinary authority in any other jurisdiction within the last five years?

Yes

☐

No

☒

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

- (F) Have you been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders? Yes No
- ☐ ☒

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

- (G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court	Date of Application	Outcome of Application
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- (H) Please identify each case in which you have appeared as counsel pro hac vice in this state within the immediately preceding twelve months, are presently appearing as counsel pro hac vice, or have pending applications for admission to appear pro hac vice, as follows:

Name and Address of Court

Style of Case

- | | Yes | No |
|---|----------------------------------|-----------------------|
| (I) Have you read and become familiar with all the LOCAL UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS OF MISSISSIPPI? | <input checked="" type="radio"/> | <input type="radio"/> |
| Have you read and become familiar with the MISSISSIPPI RULES OF PROFESSIONAL CONDUCT? | <input checked="" type="radio"/> | <input type="radio"/> |

- (J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar Number Robert B. McDuff, Miss. Bar No. 2532

Firm Name: Mississippi Center for Justice

Office Address: 210 E Capitol Street Suite 1800

City: Jackson

State: MS

Zip: 39201

Telephone: (601) 352-2269

Fax: (601) 352-4769

Email address: rmcduff@mscenterforjustice.org

- (K) The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.

s/ Robert McDuff

Resident Attorney

I certify that the information provided in this Application is true and correct.

11/7/2024

Date



Applicant's Handwritten Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the 12th day of November, 2024.

s/ Robert McDuff

Resident Attorney